

Hamlin Tool & Machine, Inc.  
1671 East Hamlin Rd

Rochester, MI 48307

REMIT TO:  
Hamlin Tool & Machine Company  
1671 East Hamlin Rd

INVOICE NUMBER
SID 064431

Rochester, MI 48307

S GMC1200  
O DELPHI SAGINAW  
L  
D NAO DISBURSEMENTS  
INVOICELESS SUPERVISOR  
PONTIAC, MI 48343-6040  
T  
O

S 05  
H DELPHI S PLANT 5 FWD AXLES  
I  
P 3900 EAST HOLLAND RD.  
CISCO: 44025 SAP#K905  
SAGINAW, MI 48601  
T United States  
O

SUPPLIER CODE		TERMS	F.O.B.		INVOICE DATE
057015273		2nd day 2nd month	ROCHESTER, MI		09/21/05
SHIP DATE	SHIPPER NO.	SHIPPED VIA	GROSS	TARE	NET
09/21/05	064431	BAX GLOBAL	124	22	120
P.O. NUMBER	CUSTOMER PART NUMBER DESCRIPTION	QUANTITY SHIPPED	UOM	UNIT PRICE	AMOUNT
SAG9010236	07834482 RETAINER, GREASE INTERNAL #: 1159	8,000	EA	.0535	\$428.00
				\$0.00	
				Subtotal	\$428.00
				Sales Tax	\$0.00
				Freight Charges	\$0.00
				Invoice Total	\$428.00
				Disc Available	
				Funds: USD	\$0.00



1671 East Hamlin Road  
Rochester, Michigan 48307  
Phone: 248-651-6302  
Fax: 248-651-0703  
DUNS #057015273

INVOICE NO/ PACKING SLIP NO.	BILL OF LADING
109121/03	54431

GMAC-DELPHI SAGINAW  
NAO DISBURSEMENTS  
INVOICELESS SUPERVISOR  
P.O. BOX 436040  
PONTIAC, MI 483436040

S 005356878 H DELPHI S PLANT 5 FWD AXLES  
I 3900 HOLLOW RD. P CISCO: 44025 34P# K905  
T SAGINAW, MI 48601

SHIPPED VIA CLOSER

TERMS OF SETTLEMENT

We hereby certify that these goods were produced in compliance with all applicable requirements of Section 6, 7, and 12 of the Fair Labor Standards Act, as amended, and of the regulations and orders of the United States Department of Labor issued under Section 14 thereof.

FO-22 REV. LVL: A 1/23/96

NUMERICAL FILE COPY

**1-800-CALL-BAX**  
FOR INFORMATION OR THE  
BAX OFFICE NEAREST YOU

701 725 382

SHIPPER'S REFERENCE NO. <b>C41/3</b>		CONSIGNEE'S REFERENCE NO. <b>2</b>	
SHIPPER'S ACCOUNT NO. <b>123456789</b>		CONSIGNEE'S ACCOUNT NO. <b>123456789</b>	
DEPT/FLOOR <b>1</b>	DEPT/FLOOR <b>5</b>	DEPT/FLOOR <b>5</b>	DEPT/FLOOR <b>5</b>
COMPANY <b>DEPT 5 Plant 5</b>		COMPANY <b>Dept 5 Plant 5</b>	
TO (CONSIGNEE NAME) <b>Cisco Systems Inc.</b>		PHONE NO. <b>408-255-16905</b>	
ACCURATE STREET ADDRESS (BOX CANNOT DELIVER TO P.O. BOX) <b>3900 Island</b>			
CITY <b>Sunnyvale</b>		STATE <b>CA</b>	ZIP (REQUIRED) <b>94087</b>
STREET <b>1000 N. 1st St.</b>		STATE <b>CA</b>	ZIP (REQUIRED) <b>94087</b>
CITY <b>Sunnyvale</b>		STATE <b>CA</b>	ZIP (REQUIRED) <b>94087</b>
SPECIAL RATE MAY APPLY: <input type="checkbox"/> DANGEROUS GOODS <input type="checkbox"/> HOLD AT BOX <input type="checkbox"/> SATURDAY DELIVERY <input type="checkbox"/> CONVENTION DELIVERY			
SPECIAL INSTRUCTIONS / ADDITIONAL REFERENCE INFORMATION: <b>Rmk 1</b>			
SPECIAL INSTRUCTIONS / ADDITIONAL REFERENCE INFORMATION: <b>Rmk 2</b>			
SPECIAL INSTRUCTIONS / ADDITIONAL REFERENCE INFORMATION: <b>Rmk 3</b>			
PREPAID (SHIPPER) <input type="checkbox"/> CASH RECEIVED PAD IN ADVANCE		TOTAL PCS. <b>1</b>	
COLLECT (CONSIGNEE)		WEIGHT <b>124</b>	
3RD PARTY (ACCT. NO. REQD.) <input type="checkbox"/>		LENGTH <b>32</b>	
COUNT NO. <b>413937531</b>		HEIGHT <b>17</b>	
SIGNER NAME <b>Vic</b>		REWEIGHT <b>1</b>	
C.O.D. <input type="checkbox"/>		TOTAL WT. <b>1</b>	
OVERNIGHT (NEXT BUSINESS DAY) <input type="checkbox"/>		SECOND DAY <input type="checkbox"/>	
SECOND DAY <input type="checkbox"/>		OVERNIGHT (NEXT BUSINESS DAY) <input type="checkbox"/>	
BOX SAVER <input type="checkbox"/>		NEXT FLIGHT AVAILABLE <input type="checkbox"/>	

I certify that this cargo does not contain any unauthorized explosives, incendiaries or hazardous materials. I consent to a search of this cargo. I am aware that this endorsement and original signature, along with other shipping documents, will be retained on file for at least thirty days.	
<b>HIPPER / REPRESENTATIVE SIGNATURE:</b> SIGN NAME X  <b>PRINT NAME X</b> 	
<b>RECEIVED BY BAX GLOBAL DRIVER / AGENT</b> 	
1st Personal   reviewed- 2nd Personal   reviewed- 3rd Personal   reviewed- 4th Personal   reviewed- 5th Personal   reviewed- 6th Personal   reviewed- 7th Personal   reviewed- 8th Personal   reviewed- 9th Personal   reviewed- 10th Personal   reviewed-	

Driver Signature: <u>L. E. BETO MELCHIOR</u>		# appearing on ID: <u>12345678901234567890</u>	Matched photo on ID? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Int'l Name: <u></u>		2nd personal ID reviewed: <u>  </u>	Matched photo on ID? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Pick Up Date: <u>9/21/10</u>		Driver No. <u>130</u>	Non Negotiable Airbill <input type="checkbox"/>
Time: <u>5</u>		Conditions of Carriage On Reverse Side	
(IN ORDER TO EXPEDITE, SHIPMENT MAY BE DIVERTED TO MOTOR OR OTHER CARRIER AS PER TARIFF RULE UNLESS SHIPPER GIVES OTHER INSTRUCTIONS HEREON.) NON-NEGOTIABLE AIRBILL SUBJECT TO TERMS AND CONDITIONS OF CONTRACT ON REVERSE SIDE.			

09/21/05

CARRIER: BAX GLOBAL

BAXG

CARRIER'S NO:  
SHIPPER'S NO:

From HAMLIN TOOL AND MACHINE COMPANY, INC.

At ROCHESTER, MICHIGAN 48307

D-U-N-S #057015273

the property described below in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of said bill of lading, including those on the back thereof set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to DELPHI S PLANT 5 FWD AXLES  
3900 HOLLAND RD.  
CISCO: 44025 SAP#: K905

(Mail or street address of consignee — For purposes of notification only)

SAGINAW, MI 48601

NO. PACKAGES	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (SUBJECT TO CORRECTION)	CLASS RATE OR	CHECK COL.
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Supplier# 057015273 SID #

4 PCS71 CARTON	64431	120 NET WT.
		4 TARE WT.
		124 GROSS WT.

DELPHI S PLANT 5 FWD AXLES

===== T O T A L S =====  
120 TOT NET 4 TOT TAR 124 TOT GRS

PCS71-4

CLASS RATE: 50 AUTOMOTIVE METAL PARTS  
3RD PARTY COLLECT  
BILL: DELPHI S, 44025 SAGINAW MI c/o  
DATA 2 LOGISTICS P/O BOX 9115 NORWOOD, MA 02362

Trailer#: 6149  
ShipTime: 9/21/05 PM 4:00  
R. Grelsby ✓ 23a/c  
(2) 23a/c

Subject to Section 7 of conditions of bill of lading. If the shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.	If charges are to be prepaid, write or stamp here, "To be Prepaid".	Received \$ _____ to apply in prepayment of the charges on the property described herein  Agent or Cashier _____  Per _____ (The signature here acknowledges only the amount prepaid)	Received \$ _____ to apply in prepayment of the charges on the property described hereon.  Agent or Cashier _____  Per _____ (The signature here acknowledges only the amounts prepaid)	Charges advanced:  \$ _____	C.O.D. SHIPMENT  C.O.D. AMT _____ Collection Fee _____ Total Charges _____
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t This is to certify that the above articles are properly described by name and are packed and marked and are in proper condition for transportation according to regulations by the Interstate Commerce Commission.  
The shipment moves between two ports by a carrier by water. The law requires that the bill of lading shall state whether it is carrier's or shipper's weight.  
† Shipper's imprint of stamp on a part of Bill of Lading approved by the Interstate Commerce Commission.  
NOTE: When the rate is determined on cargo, shippers are required to state specifically in writing the agreed or declared value of the property per  
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \_\_\_\_\_ per

† The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Consolidated Freight Classification.

THIS SHIPMENT IS CORRECTLY DESCRIBED.

CORRECT WEIGHT IS \_\_\_\_\_ LBS

HAMLIN  
TOOL AND MACHINE COMPANY, INC.  
1671 EAST HAMLIN ROAD  
ROCHESTER, MICHIGAN 48307

Shipper, Per \_\_\_\_\_ Agent, Per \_\_\_\_\_

Permanent post office address of shipper

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